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DISEASE.

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PROFESSOR OF DISEASES OF THE EYE IN THE PHILADELPHIA POLYCLINIC;
OPHTHALMIC SURGEON TO THE PHILADELPHIA AND
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It is well established that a large number of ocular disorders (blepharitis, chronic hyperemia of the conjunctiva, phlyctenular kerato-conjunctivitis, and dacryocystitis) may have their origin in intra-nasal disease. Less frequently there is an association between atrophic conditions of the nasal mucous membrane and degenerative changes in the optic nerve, and quite a number of observations have been recorded in which a series of symptoms referred to the eyes, and in which the eyes themselves, in so far as the balance of the external ocular muscles and the refractive condition are concerned, were abnormal, nevertheless depended upon naso-pharyngeal disease. The cases which follow belong to the last class, and illustrate one or two instructive points:

CASE I.—Miss M., aged nineteen, unmarried, reported for treatment October 23, 1890, with the following statement: She had worn glasses since she was eight years of age, in the hope of obtaining relief for almost constant headache. Frequent changes in the correction had been made, but no glass had ever been prescribed that gave her much relief. There were stubborn asthenopia and post-ocular and supra-orbital pain, aggravated by exposure to sunlight, and changed into an explosion

of violent general head-pain on the slightest use of her eyes. Headache on rising was usually present. The family history was good, and her general health was perfect. The ophthalmoscope revealed on each side an oval, over-capillary optic disc. There was slight absorption of the retinal pigmented epithelium and some exposure of the larger vessels of the choroid. Glistening reflexes played through each macular region. After the use of atropine, the refractive error was found to be the following:

O. D. + sph. 1.50 D. $\ominus$ + cyl. 0.62 D. axis V = $\frac{6}{8}$.

O. S. + sph. 2.25 D. $\ominus$ + cyl. 0.62 D. axis 75 = $\frac{6}{8}$.

The muscular balance was as follows: Esophoria, 3°; exophoria in accommodation, 3°; no manifest hyperphoria. Practically no improvement took place, in spite of all reasonable treatment.

Attracted by the persistent morning headache and a slightly nasal voice, an examination of the posterior pharynx was made, revealing the evidences of some post-nasal catarrh. The patient was then referred to Dr. J. Solis-Cohen, who reported as follows: "There is chronic suppurative disease of the frontal sinus and ethmoidal cells, with consequent chronic inflammation of the mucous surfaces over which the discharges trickle and become adherent. The treatment will require several months, but will be very satisfactory in its results."

Dr. Cohen's prophecy was thoroughly fulfilled. At the end of a month she reported herself much better. At her last visit, December 10, 1891, or more than a year after her original application for treatment, her vision had risen to $\frac{6}{8}$, the over-capillarity of the optic disc had subsided, and to use her own words, "I am practically without headache and have never known so happy a year."

CASE II.—Miss B., aged thirty, unmarried, reported

for treatment May 20, 1891, and gave the following history: As a school-girl she suffered much with her eyes and with headache, and she was ordered glasses, but without much relief. She continued to receive ocular treatment for a number of years, consulting several surgeons, but experienced little relief and no lasting benefit. Her complaint was as follows: Much pain in the eyes, across the brows and directly in the nose; stubborn asthenopia, so that no work requiring the use of the eyes at close range could be performed for more than a few minutes at a time without bringing on violent pain, neuralgic in type. She was a slender woman of the neurasthenic type, but without disease to which a name could be given. Not exactly hysterical, she had become depressed by her long debarment from reasonable use of her eyes, and had undergone a somewhat prolonged "rest-cure." She was wearing the following combination:

O. D. + sph. 3.25 D. $\ominus$ + cyl. 0.62 D. axis V = $\frac{8}{8}$.

O. S. + sph. 2.75 D. $\ominus$ + cyl. 0.62 D. axis V = $\frac{8}{8}$.

Through these glasses there was esophoria of 4° for the distant point, and about the same amount in accommodation. At one time she had worn weak prisms for hyperphoria without benefit. At the time of the examination no hyperphoria could be demonstrated. There were no abnormalities in the eyeground other than those common to hypermetropic eyes.

Attracted by the situation of the pain, and by the fact, previously unmentioned, that the asthenopia and also the pain were liable to be present most severely in the early morning hours, or, at all events, after resting, an examination of the nasal regions was made, and sufficient abnormality to justify special treatment was evident. She was referred to Dr. Ralph W. Seiss, who reported as follows: "There is a distinct tender spot over the right antrum; the septum is much engorged,

with a myxomatous and hypersensitive spot high up on the right side. The turbinals are somewhat vaso-paretic (causing occasional stenosis) and infiltrated. The pharynx and larynx show moderate secondary changes. I believe that a fine cautery point to the septum would give considerable relief, and free antral drainage (by removing stenosis about meatus) might give very decided results. The patient volunteered that my manipulations—pressure and cocaine—have lessened the pain temporarily."

After a week's nasal treatment the patient acknowledged distinct improvement. From time to time reports came from this patient, always of a favorable character, and at her last visit, December 26, 1891, she was improved in every way. The neuralgia was practically gone, or, to use her own expression, "was an unusual occurrence." The eye-endurance was still limited, but reading or similar occupation could be maintained for a couple of hours without inconvenience.

CASE III.—Mr. E. W., aged thirty-seven, married, reported for treatment December 20, 1890, and gave the following history: For some years he has experienced pain above the eyes and in the occiput, aggravated by reading or similar use of the eyes. The ocular pain is apt to be worse in the morning, and the use of his eyes has been greatly abridged, owing to the symptoms that have just been described, and in spite of the use of glasses. The patient was in good general health, and with the exception of the use of tobacco, had no bad habits. In each eye there was an oval, rather pallid optic disc, unduly full retinal veins, and general woolliness of the choroid. After cumulative instillations of homatropine the refractive error was found to be

O. D. + sph. 0.50 D. $\bigcirc$ + cyl. 0.75 D. axis V = $\frac{8}{8}$.
 O. S. + sph. 0.50 D. $\bigcirc$ + cyl. 0.62 D. axis V = $\frac{8}{8}$.

There was exophoria of 5° degrees in accommodation; no other disturbance of the muscular balance.

At first the use of these glasses afforded some relief, chiefly in the amelioration of the occipital pain; later, this, as well as the ocular pain and asthenopia, returned. After an examination of the naso-pharyngeal region, the patient was referred to Dr. Ralph W. Seiss for special treatment. The following is his report: "There is rhino-tracheitis of average type, with the following peculiar features: The capillary circulation is markedly engorged (deep-red mottling without swelling); the turbinals are purple; the lateral areas of the pharynx are very much engorged, and the larynx so much so that the true and false cords are of about the same tint. There is probably congestion of the lining membrane of the sphenoid sinus."

Unfortunately the patient did not attend with great regularity, but after having paid Dr. Seiss three visits, and having received appropriate treatment, he was so much improved that he doubted the necessity of further attendance. The fact that he has not reported makes it seem likely that his relief has been permanent.

It is evident that these cases do not belong to the class of the ordinary nasal headaches which are so common in catarrhal patients. They are further interesting because in each instance the refractive error and the faulty muscular balance were of such a character that the symptoms of which the patients complained would naturally be ascribed to these anomalies; and they are finally worthy of note because the patients were, to a great extent, unconscious of, or at least indifferent to, very serious and decided lesions in the naso-pharyngeal region. The definite relationship of the nasal and ocular difficulties in these cases seems well established, and it is evident that the treatment of each region had its special value in bringing about the cure. It is also plain

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that the careful examination and treatment of the eyes were not alone sufficient to alleviate the asthenopia, headache, and ocular pain which, although they seem in a large measure to have been dependent upon intranasal disease, were none the less provoked by the use of the eyes, and on this account the real cause of the difficulty might readily have escaped attention.

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